

Array Financial Services, Inc.
2500 Mendelssohn Ave N
Golden Valley MN 55427
763-504-3067 Voice 763-504-3011 Fax

Business Questionnaire - A

Date

Name of Business/Individual _____ Corp ___ LLC ___ Part ___ Ind ___

Mailing Address _____ City _____ Zip Code _____ - _____

Location Address: _____ City _____ County _____ State ___ Zip _____

Phone Number () _____ Fax # () _____ Cell # () _____

Fed ID # _____ State UC # _____ Owners Name _____ DOB _____ SS# _____

E-Mail Address _____ Web site _____

Description of Business _____ # Years _____

Current Property & Liability Ins Company _____ Exp Date _____ Premium _____

Current Workers Comp Ins Company _____ Current Comm Auto Ins Company _____ Prem _____

Is the office out of your home? ___ If not, Number of Square Feet Rented _____ **Construction of Building** _____

Is it Sprinkled _____ Do you have a security System _____ **Number of floors** _____ **Basement** _____

If the building is owned, what is the **replacement value?** _____ **total square footage** _____ (**per floor**)

Other Occupants? ___ (Names of Business & What they do use separate sheet of paper) **Year Bldg Built** _____

Updates to Building if over 25 years old. Roof _____ Plumbing _____ Heating _____ Wiring _____

#of Employees _____ **Approx. Annual Payroll \$** _____ **Approx. Annual Sales \$** _____

Please advise if you have volunteers that you need coverage for. How many _____

If more than one type of business, please separate the sales Figures. **Approx. Annual Internet Sales** _____

Liability Limits Desired _____ **Contents/ Property Coverage** _____

How many Additional Insured's will you have _____

Equipment taken off premises Limit _____ Tool Coverage Limit _____

Do you rent Equipment? **Y** ___ or **N** ___

If yes, Approximately how often and what do you rent? _____

Commercial Auto Coverage **YES** ___ or **NO** ___ (Use separate sheet of paper for vehicles and drivers) Limits _____

Must have: Year _____ Make _____ Model _____ VIN# _____ Your Cost _____

Driver's Full Names, Dates of Birth, and Drivers License #'s: (Please list on another sheet of paper)

Please give dates and full description of **ANY** types of claims including windshield, storm damage etc.

*******We need Loss runs going back Five Years from your current carrier.*******

This will give us enough information to provide you a quote, more information may be required.